



New Jersey Department of Children and Families Policy Manual

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Introduction 5-21-2012

The Intake Supervisor empowers, supports, and guides their Workers as they investigate allegations of child abuse and neglect. The Intake Supervisor is accountable for implementing strategies needed to successfully conduct investigations through their leadership.

The Intake Supervisor is responsible for assigning reports in a timely fashion to responding Intake Workers. The Intake Supervisor conferences each report with the assigned Intake Worker during the initial assignment, and, if necessary, during the investigation.

After the initial response is completed, the Intake Supervisor continues to conference each case with each Worker in his or her unit, in order to maintain familiarity with each caseload under their supervision. The Intake Supervisor makes recommendations and provides the necessary guidance to complete all tasks required in an investigation. See [CP&P-II-C-5-800](#).

The Supervisor consults the Casework Supervisor, as needed, throughout the intake process.

Intake Case Assignment Time Frames 5-21-2012

All report and referral assignments are routed to the Intake Designee within the Local Office through the State Central Registry (SCR). SCR alerts the Local Office by telephone of all reports requiring an immediate response. After a report/referral has been assigned to the Intake Designee within the Local Office, the Designee is responsible for immediately assigning the report to the appropriate Intake Supervisor, or to the assigned Supervisor for a report on a case in active/open status.

Intake Supervisors are expected to monitor investigation activities on a continuous basis beginning at the time the Supervisor assigns the allegation for response.

When making a CPS assignment, the Intake Supervisor discusses the report directly with the responding Intake Worker. If unable to meet in person, discuss the assignment by telephone.

Immediate Response 5-21-2012

The Intake Supervisor immediately reads "immediate response" Child Protective Services Reports from SCR, and promptly assigns the report to a responding Worker. When assigning more than one report, assign most promptly the report that presents the greatest need of urgency for response. The goal is to assign reports to Intake Workers within 30 minutes of receipt from SCR.

24-Hour Response 5-21-2012

The Intake Supervisor is responsible for reading "24-hour" Child Protective Services Reports, and assigning reports to Intake Workers within one hour of receipt from SCR. See:

- [CP&P-II-A-2-200](#), (Criteria for Accepting a Report of Child Abuse/Neglect) Response Time Requirements for Field Office; and
- [CP&P-II-C-2-300](#), Time Frames for Initial Response.

CWS Referrals 5-21-2012

The Intake Supervisor is responsible for reading Child Welfare Services (CWS) Screening Summary assignments from SCR in locked status, and assigning each referral to an Intake Worker within one hours of receipt from SCR.

SPRU Follow-Up 5-21-2012

The SPRU Worker sends all of his or her SPRU Worker reports electronically. Send reports concurrently to the Intake Designee and the SPRU Coordinator within the Local Office or catchment area by 9:00 am the first business day following SPRU duty.

The Intake Supervisor is responsible for reviewing and assigning SPRU follow up cases expeditiously. If assistance is needed in reviewing and assigning cases in a timely manner, request assistance from the Casework Supervisor or the Local Office Manager/Designee.

It is the responsibility of the Intake Supervisor to identify any concerns or issues in a SPRU response report and to address them promptly with the SPRU Coordinator. Advise the Casework Supervisor as well.

Related Information (RI) Assignments 6-18-2012

The SCR Screener determines whether a case is coded Related Information (RI) and forwards the report to the Local Office for follow up. The Intake Designee assigns the RI to the assigned Supervisor. The assigned Worker and Supervisor conference the Related Information report and determine the action necessary to address it. The Worker and Supervisor determine whether a field response is required, and the timing of the response. The Supervisor assures that the conference and the case-handling decision are documented in NJ SPIRIT in a Contact Activity Note (Contact Sheet).

Safe Haven Infants 5-21-2012

SCR codes the Safe Haven call as a CWS referral and immediately assigns it to the appropriate Local Office. The Local Office promptly assigns the CWS assessment to an Adoption Worker who must make contact with the infant and hospital staff (direct "caregivers") no later than the end of the same business day. See [CP&P-IV-C-5-100](#).

Intake Conferencing

Introduction 5-21-2012

The Intake Supervisor conferences all cases for which he or she is responsible with assigned Intake Workers on a consistent, ongoing basis. The Intake Supervisor conferences cases to maintain his or her familiarity with caseloads under his or her direct supervision. The Intake Supervisor encourages Intake Workers to continually engage each family member in an effort to effectively identify the family's strengths, underlying needs, challenges, supports, and appropriate service needs.

Definitions 5-21-2012

"Pre-Response Conference" - A face-to-face discussion between the Intake Supervisor and the responding Intake Worker, occurring before a field investigation/response, is initiated. The Intake Supervisor ensures that the Intake Worker responds within response priority time frames. If the Worker and Supervisor are unable to meet in person, a telephone conference must take place.

"Response Conference" - A telephone (or often by cellular phone) discussion held between the Intake Supervisor and the responding Intake Worker, during the investigation. The conference can be initiated by the Supervisor or the Worker.

"Post Field Conference" - A discussion held between the Intake Supervisor and the responding Intake Worker, occurring after contact has been made with the family. The Post Field Conference is to occur no later than the end of the next working day. If the direct Intake Supervisor is unavailable, the conference is held with the covering Intake Supervisor or the Casework Supervisor.

"Pre-Placement Conference" - A discussion held between the responding Intake Worker and Intake Supervisor regarding the possible removal of a child. If a conference cannot be held prior to the actual placement, the conference must take place within 72 hours.

"Intake Case Conference" - A face-to-face meeting held at least every 15 calendar days between the Intake Supervisor and the Intake Worker to discuss an assigned CPS report or a CWS referral.

Pre-Response Conferencing 5-21-2012

Intake Supervisors pre-conference with the responding Intake Worker before an investigation is initiated to discuss each report and identify appropriate tasks to be completed by the responding Intake Worker. The Intake Supervisor may determine that a more timely response is needed (example: a 24-hour response cannot wait and should be responded to post haste).

The Intake Supervisor guides the Intake Worker in strategizing the safest and most appropriate plan for completing an investigation. If an initial response is not completed before the end of business hours, the Intake Supervisor, along with the Intake Worker, is responsible for establishing ongoing communication to ensure the completion of the response that day.

See [CP&P-II-C-5-800](#), sections entitled Pre-investigation Conference and Strategizing Next Steps.

Response Conferencing 5-21-2012

During the field response, an Intake Worker may require guidance and supervision. The Intake Supervisor guides and supports the Intake Worker in addressing emerging case issues, as needed. Response conferencing includes, but is not limited to:

- Initiating a Safety Protection Plan (see [CP&P-IV-A-2-300](#));
- Completing an emergency removal, Dodd (see [CP&P-II-C-2-700](#));
- Fulfilling a request from a hospital physician for a Hospital Hold. See [CP&P-II-B-1-800](#);
- Ensuring that Good Faith Efforts have been made to establish in-person contact with the child and family. If contact has not been made, conference the best practice options for continuing or expanding such efforts (see [CP&P-II-C-5-125](#));
- Consulting Law Enforcement or the County Prosecutor (see [CP&P-II-C-4-200](#));
- Determining if a referral is needed to the Regional Diagnostic and Treatment Center, RDTC (see [CP&P-II-C-2-600](#));

- Determining how to handle critical incidents, child deaths, or near fatalities (see [CP&P-IX-D-1-100](#) and [CP&P-VIII-A-1-100](#)).

Post Field Conferencing 5-21-2012

After the Intake Worker has responded, a post conference is promptly held between the Intake Supervisor and responding Intake Worker. The goal is for the Post Field Conference to be held on the same day as the investigation, where possible, but no later than the end of the next working day. The Supervisor ensures that the Intake Worker has promptly carried out all appropriate response, safety, assessment/investigation, and risk reduction activities (see [CP&P-II-C-5-800](#)).

Child Safety Assessment 5-21-2012

See [CP&P-III-B-6-600](#), Child Safety Assessment (In-Home).

Risk Assessment 5-21-2012

The Intake Supervisor ensures that the Risk Assessment, CP&P Form [22-23](#), is completed for all new CPS investigations, including new cases, re-opened cases, and when conducting an investigation on an open case.

The Risk Assessment is completed after the Child Safety Assessment has been completed and before the Worker has reached the investigation finding determination. It must be done prior to closure of the investigation. The Risk Assessment assists in determining whether to open a case for ongoing services based on the family's assessed risk level.

The Risk Assessment must be completed within 30 days prior to closing a case at Intake.

See [CP&P-III-B-6-600](#), Family Risk Assessment.

Pre-Placement Conferencing 5-21-2012

The Intake Supervisor and Worker discuss all issues of concern regarding the family. Consider all efforts at maintaining the safety of the child and keeping the family together. After all attempts have been exhausted and it has been determined that a removal is in the best interest of the child, the Worker shall immediately inform the parent of the Division's decision to remove the child (see [CP&P-II-C-2-700](#), Removal of a Child).

The Intake Supervisor and Worker determine if a Teamed Field Response is needed to effectuate a safe removal, or if the assistance of the Human Service Police is necessary (see [CP&P-IX-A-1-100](#), Teamed Field Response, and [CP&P-II-C-4-300](#), Human Services Police, HSP). The Intake Supervisor ensures that Workers use age appropriate safety seat equipment when transporting a child.

The Intake Supervisor is responsible for assigning another Worker in the unit to assist in completing all paperwork and tasks necessary for the child's placement, if necessary.

Tasks include, but are not limited to:

- Completing the Placement Request in NJ SPIRIT;
- Alerting the Resource Family Support Unit of the need to place a child;
- Alerting the Local Office Child Health Unit Nurse of the plan to place;
- Ensuring the child receives a physical examination/health assessment after the removal (see [CP&P-V-A-1-1300](#));
- Completing a Medicaid Request;
- Obtaining a clothing check;
- Completing a Foster Parent ID Letter in NJ SPIRIT;
- Establishing educational stability (see [CP&P-VII-A-1-100](#));
- Ensuring Workers assist family members in identifying relative resources;
- Encouraging Workers to begin the full disclosure discussion with parents and any potential caregiver;
- Ensuring the pre-placement protocol is completed for prospective kinship providers, if applicable. See [CP&P-IV-B-2-125](#).

Intake Case Conferencing 6-11-2012

Along with pre- and post-conferencing, the Intake Supervisor conducts, at a minimum, one conference per month with each Intake Worker in order to maintain familiarity with the caseloads under their supervision while providing needed guidance and direction. An Intake Worker's entire caseload is fully conferenced every 15 to 30 calendar days.

An Intake Worker's maximum caseload is not to exceed 12 cases. The Intake Supervisor institutes a target caseload of eight (8) cases or less per Intake Worker to ensure that each Intake Worker in the unit is able to accept new assignments throughout the entire month.

Supervisors record the date the case was conferenced with the Worker and the results of the conference in the Case Activity Notes Window in NJ SPIRIT.

Supervisor's notes are discoverable. There are times when Supervisor notes need protection from discovery. See [CP&P-III-C-6-100](#), the section entitled Case Recording of Confidential Information - Attorney Client Privilege.

Intake Case Conferences include, but are not limited to the following activities:

- Assessing safety and risk, see [CP&P-III-B-6-600](#) and [CP&P-II-C-5-700](#);
- Supporting and redirecting Workers, as needed;
- Identifying gaps in activities;
- Assisting Workers in planning and prepping for the Family Team Meeting. See [CP&P-III-B-5-500](#);
- Documenting the holding of each Worker/Supervisor conference in NJ SPIRIT;
- Ensuring Workers accurately document Good Faith Efforts (see [CP&P-II-C-5-125](#)), and continue to make efforts until contact is established;
- Ensuring that Workers complete each investigation in the specified time frames. See [CP&P-II-C-2-300](#);
- Ensuring follow-up is made - a field response, if necessary - regarding assignments coded Related Information (RI);
- Assisting Workers in determining risk levels. See [CP&P-III-B-6-600](#);
- Assisting Workers in setting, reviewing, and adjusting the formal case plan. See [CP&P-I-A-1-300](#);
- Collaborating with Permanency Supervisors and Workers on referrals or reports on open/active cases;
- Collaborating with Permanency Supervisors and Workers to ensure that the 30-Day Staffing conference is held for children placed out of home during an investigation;
- Collaborating with IAIU on open IAIU investigations within the caseload and/or on corrective action plans;
- Assisting Workers in setting, reviewing, and adjusting case goals within established time frames (see [CP&P-III-B-4-400](#));
- Reviewing and approving Worker's documentation in NJ SPIRIT;

- Ensuring that Structured Decision Making Tools are completed correctly and timely (see [CP&P-III-B-6-600](#) and [CP&P-IV-A-2-100](#));
- Initiating collateral contacts in an emergency situation (see [CP&P-II-C-5-175](#), Collateral Contacts), and as needed, to complete a comprehensive investigation;
- Monitoring the completion of all remaining components of the report or referral;
- Ensuring Workers are scheduling time within weekly work plans to complete investigation/assessment documentation in NJ SPIRIT (see [CP&P-III-C-6-100](#));
- Ensuring that children are seen monthly (i.e., at least once every 30 days) until the case is closed at Intake or transferred to Permanency (i.e., opened for services).

Case Findings 4-1-2013

All CPS reports must have a definitive finding of whether a child is abused/neglected (i.e., Substantiated or Established) or not (i.e., Not Established or Unfounded). The Supervisor assists the Worker in making this important determination.

A finding determination is required for each individual allegation of child abuse or neglect documented at screening or determined during the CPS investigation. The Intake Worker makes a determination as to whether the information gathered supports a determination that what occurred constitutes child abuse or neglect under the law.

When child abuse/neglect is found (i.e., the investigation determines that child abuse or neglect is either Substantiated or Established; the child is determined to be an abused or a neglected child), the Worker, assisted by the Supervisor, makes a determination as to who was responsible (i.e., names the Substantiated perpetrator for a finding of "Substantiated" child abuse/neglect, or names the Established perpetrator for a finding of "Established" child abuse/neglect). The information documented in the investigation must support the finding determination.

In child fatalities and near fatalities, additional conferencing is required. The Area Director notifies the CP&P Director prior to entering the investigation finding determination. See [CP&P-VIII-A-1-100](#).

See [CP&P-II-C-6-100](#), Investigation Findings, including the section entitled CPS Investigation Finding Determinations - Four (4) Tier Findings.

Case Closing/Transfer Conference 5-21-2012

Supervisors meet with Workers to ensure that all assigned reports and referrals are closed or transferred within time frames. See [CP&P-II-C-6-200](#).

Supervisors assist Workers in establishing goals for closing and transferring cases as soon as possible, always ensuring the safety and well-being of children and families.

Once an investigation or a CWS assessment is complete, the Intake Supervisor assists the Intake Worker in determining whether the "case" will be closed at intake or opened for services and transferred to a permanency unit.

Intake Supervisors and Intake Workers work together to determine when a family, in need of services, is to be transferred to a permanency unit. Once it has been determined that a case is to be opened for services, and it is transferred to permanency, the Intake Worker completes the investigation while the assigned Permanency Worker refers the family to required or identified services. Intake and Permanency Supervisors work jointly to ensure all tasks are completed in a timely manner.

Case closing/transfer conferencing activities include, but are not limited to:

- Assisting Workers in making a well-documented, defensible case finding determination;
- Identifying cases to be opened or closed at intake;
- Ensuring all Risk Assessments for cases identified for closure at intake are completed within 30 days prior to closing the case;
- Ensuring children and families are seen within 30 days prior to closing the case;
- Ensuring that adequate services have been identified before transferring a case to permanency/ongoing supervision;
- Completing the Intraoffice Case Transfer Checklist, CP&P Form [26-54](#);
- Meeting with the Permanency Supervisor and Worker who will be assigned the case, if warranted.